

Section A EXECUTIVE SUMMARY

Nebraska is organized into six regions for the purposes of delivering mental health and other human services to the community (see attachment). The Nebraska Department of Health and Human Services contracts with the regions for delivery of community mental health services. The 1974 Nebraska Comprehensive Mental Health Services Act provides the basis for regional governing boards to oversee mental health service delivery within each region (Neb. Rev. Stat. 71-5001-71-5015).

All state and federal community mental health funds are allocated to the regions for service delivery at the local level. The regional governing boards enter into contracts with public or private service agencies or individuals to provide services in their regions, or they assume direct responsibility as the governing authority supervising the provision of community mental health services. Nebraska will enter into contracts for the implementation of PATH Formula Grant activities with the regions.

Service Areas:

The two primary geographic areas within Nebraska that will be served by PATH funded programs are Lincoln (Region V) and Omaha (Region VI). Services will also be provided in two locations in the rural western part of the state: Scottsbluff (Region I) and Grand Island (Region III).

Organizations to Receive Funds and Amounts Allocated:

Southeast Nebraska (Region 5) Lincoln and Lancaster County	Community Mental Health Center/Lancaster County (Public, County Governmental Entity)	\$32,500
	CenterPointe, Inc. (Private, non-profit)	\$32,500
Eastern Nebraska (Region 6) Omaha and Douglas County	Community Alliance (Private, non-profit)	\$147,700
	Salvation Army (Private, non-profit)	\$53,300
Central Nebraska (Region 1) Gr Island	Central Nebraska Goodwill Industries, Inc. (Private non-profit)	\$11,333
Western Nebraska (Region 1) Scottsbluff	Cirrus House: (Private non-profit entity)	\$11,333

Services to be supported by PATH Funds:

The PATH programs will provide outreach, screening and diagnostic treatment services, case management, referral, some temporary housing assistance, and other appropriate services to individuals who are suffering from serious mental illness or are suffering from serious mental illness and from substance abuse, and are homeless or at imminent risk of becoming homeless.

Number of Persons to be served:

The estimated number of persons that will be served in FY03 statewide is **524**.

Funding Mechanism:

The funding mechanism used by Nebraska to distribute PATH funds is by region. The process used to allocate PATH funds is based on a combination of factors: 1) continuation of funding to maintain services established under previous three years PATH and Mental Health Services for the Homeless (MHSH) grants, 2) the number of individuals served with those funds, and 3) the current state financial limitations, which have resulted in the resending of a previous practice of allocating all the funds to providers. Based on the evidence of need presented, and the fact that Lincoln and Omaha have the greatest numbers of homeless individuals in Nebraska, the PATH funds will continue to be directed primarily to those areas of the state.

Section B

STATE-LEVEL INFORMATION

1. **Definitions** – The State of Nebraska is utilizing the following operational definitions of the target populations to be served with FY03 funds:
 - a. The State of Nebraska, consistent with the Stewart B. McKinney Act, defines an individual as “homeless” if he/she: (1) lacks a fixed, regular, and adequate night-time residence; (2) has a primary night-time residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, as regular sleeping accommodation for human beings.
 - b. The State of Nebraska is currently using as a provisional definition of persons who are at “imminent risk of becoming homeless” an adaptation of the HUD definition of such persons. Individuals are considered to be at imminent risk if: (1) they are in the process of being evicted from dwelling units or are being discharged from institutions; (2) no subsequent residences have been identified; and (3) they lack the resources and support networks to obtain access to housing.
 - c. The State of Nebraska considers an individual to have serious mental illness if he/she meets the following four criteria: he/she must have a
 - (1) Mental illness (such as Schizophrenia, Bipolar disorder, Major depression) that is
 - (2) Severe and
 - (3) Persistent, resulting in a prolonged
 - (4) Disability which, without supportive/rehabilitative services substantially impairs his/her ability to function.
 - d. The State of Nebraska defines an individual as having co-occurring serious mental illness and substance abuse if that individual meets the criteria above for serious mental illness, and has a coexisting substance abuse disorder that conforms to the diagnostic criteria for Psychoactive Substance Use Disorders in the DSM-IV.

2. **Needs Assessment/Number of Homeless by Geographic Area:**

Information regarding the total number of individuals within Nebraska who are homeless and mentally ill, and the geographic areas within the State with the greatest numbers of individuals in need of PATH services was obtained from the Department of Health & Human Services Homeless Shelter Count, the 2000 Census, and the Nebraska 2001 Consolidated Plan.

A “Shelter-and-Street-Night” census is a “point in time” count conducted monthly in homeless shelters statewide. The census figures indicate there are currently an average of around 700 homeless persons in HHS funded emergency shelters daily. The actual number of homeless persons in Nebraska is believed to be much higher. For instance, in Lincoln, more than half of the outreach contacts made by one agency were individuals living outside. Due to the transient nature of large numbers of the homeless population, particularly those who do not access emergency shelters, the actual prevalence of homelessness in Nebraska has not been accurately documented. However, of those homeless individuals that have been identified, national survey data continues to suggest that 35-45% may have serious mental illness and that 40-50% of that number has a coexisting substance abuse disorder.

By using the “street-night” census data and applying the national prevalence estimates, on any given

day in Nebraska the total number of homeless individuals with a need for mental health, substance abuse, and housing services is conservatively estimated to be between **300 and 350 persons daily**. On the average, about 250 of those individuals are in contact with Nebraska PATH providers.

The 2000 U.S. Census Estimates indicated that Nebraska has a population of approximately 1,711,263. The two geographic areas in Nebraska with the greatest number of homeless individuals with a need for mental health, substance abuse and housing services are Lincoln and Omaha, which are the two largest cities in Nebraska (combined representing about 50% of the total state population).

The “street-night” census count identified an average 222 persons in Lincoln as being homeless at any given time. Extrapolations based on the national prevalence estimates suggest that 100 of those homeless individuals are in need of mental health, substance abuse and housing services. The 1999 Lincoln/Lancaster County Human Service Needs Assessment conducted by Hanna/Keelan Associates estimated the total number of persons in the Region who were homeless and have serious mental illness at 126. This assessment listed the need for transitional housing as the #1 priority in the community.

In Omaha, the “street-night census” count runs an average of near 300 at any given time. Using the same extrapolations, there are conservatively estimated to be 125 – 150 homeless individuals in Omaha with a need for mental health, substance abuse, and housing services. The 1999 Needs Assessment conducted in the Omaha area estimated the total number of persons in the Omaha area who are homeless or have serious mental illness/substance abuse as 1000 annually.

In the rural out state areas (West and Central), an average of 150 individuals were identified as homeless using the shelter census figures, indicating a low end point-in-time estimate of 60 –70 individuals with a need for mental health, substance abuse, and housing services. These numbers in particular are considered low due to lack of homeless shelters available in the rural areas.

3. How Funds are Allocated

The process used by Nebraska for allocating FY02 PATH funds is based on continuation of funding to maintain the services established under the previous PATH and Mental Health Services for the Homeless (MHS) grant. A proposed funding allocation is provided in Section II.

Relationship to Need: The two largest cities in Nebraska, which represent around 50 % of the population and 75% of the identified homeless count are receiving 86% of the funds. These two cities also have the longest running PATH funded programs and originally received all the PATH funds.

Out state, rural western Nebraska, which began receiving PATH funds in 2000, receives in two of its largest population areas, the remaining available funds. While there is a greater need in Grand Island, as demonstrated by numbers of referrals and numbers served since the programs were added, the Omaha area has had funds cut twice to make services available out state. Until additional funds are provided to the state, it is unlikely any additional adjustments will be made to the regional distribution.

Veterans: Veterans are, by virtue of the rules governing PATH funds, and by contractual requirement with the regions and the PATH providers, given priority for PATH funded services. However, the numbers or percentages of veterans served have not been factored into the regional or provider distribution formula.

4. Coordination with State Plan:

The continued implementation of the PATH Formula Grant Program will be coordinated with

Nebraska's Comprehensive Mental Health Services Plan (NCMHSP) under PL 102-321 as follows:

The State of Nebraska's overall plan for mental health services is contained in the Nebraska Mental Health System Plan for Adults. A major emphasis of the Plan for mental health services is on the Rehabilitation and Support service array targeted toward persons disabled by severe and persistent mental illness (SPMI). Persons that are homeless and have a mental illness (PHMI) in Nebraska have available to them any of the mental health services available in the Rehabilitation and Support array. However, the State Plan recognizes that PHMI have more specialized needs, and in conformance with the requirements of PL 102-321, the plan endeavors to provide for the establishment and implementation of a program of outreach to, and services for, homeless individuals with serious mental illness. PATH funded agencies are unique in their ability to provide the outreach component necessary to engage PHMI and direct them toward needed services. PATH funded agencies will also provide specialized case management services to keep PHMI engaged, link them with entitlements, and coordinate a service package designed to maximize their potential for transitioning out of homelessness. Thus, the State Plan recognizes the need for, and takes advantage of PATH funded services to provide specialized programs (particularly with regard to outreach and case management) for PHMI, which would not otherwise be available in the Nebraska Community Mental Health System.

The PATH Grant will be specifically coordinated with the P.L. 102-321 outreach and service requirement for homeless, seriously mentally ill individuals through the contractual requirement that Nebraska PATH Grant Programs have an outreach and case management component. This outreach and case management function is consistent with Objective 3g of the NCMHSP which states: "homeless persons with mental illness being served in the publicly funded mental health system will be integrated into the proposed case management system." The case management provided under the PATH grant will be at least as intensive and, usually, more staff-intensive and outreach oriented to meet the unique needs of PHMI.

In the FY2001 Mental Health Block grant application, Goals 6 stated "Improve the supply and distribution of housing options available to persons with serious mental illness, including transitioning young adults." The housing component not only prevents individuals from leaving more restrictive state and private facilities; it also serves as a barrier to providing services to PHMI. Funds allocated by the federal government to each state were earmarked in Nebraska in 2001 to establish a Coalition for Housing for the Mentally Ill, facilitated by the Nebraska HHSS Division of Mental Health, Substance Abuse and Addiction Services. The purpose of the Housing Coalition is to develop a plan to have affordable, decent, safe and appropriate housing for people who are ready to be discharged from a state Regional Center. The Nebraska PATH state contact, several PATH providers, and state housing officials are included in the coalition. That coalition moved forward, and conducted a statewide forum to look at housing needs for individuals with mental illness. Representatives from Department of Economic Development, agencies providing services and housing to individuals with mental illness, and developers and bankers all came together to begin planning with more than 100 in attendance. Four communities have been targeted, two of which are communities served by PATH providers. The planning will continue over the next year. This will be accomplished by developing a strategy to work with various community-based housing stakeholders.

5. Use of Other funds for services to people who are homeless and have mental illness:

The State of Nebraska has allocated this bi-annium **18.5 million dollars of the Tobacco Settlement** funds to go to expand service capacity for behavioral health services. These funds should have a

long-term effect on treatment related housing and on support services for people that should prevent the loss of housing due to mental illness related problems.

Olmstead Planning Funds are currently being used to develop a new housing plan as a result of the work done in the coalition (See MHBG above) to expand affordable housing services for individuals with severe mental illness, which should have a long-term impact on homelessness. Hanna-Keelan & Associates have been contracted to do a statewide assessment of housing needs and recommended plan for expansion of affordable housing for people with “Extremely Low Income”, and in particular for people with SPMI.

Four local Housing Coalitions have been established as a product of a statewide housing forum conducted by the statewide coalition in January 2002, which will be tied into the Hanna-Keelan Contract for specific needs and plans. Omaha is the largest city in the State of Nebraska. The Local Housing Coalitions will look specifically at issues and needs in that area specific to housing needs of people with serious mental illness. The four communities are Omaha, Lincoln, the tri-city area of Grand Island/Hastings/Kearney, and Norfolk. Three of these areas are PATH project areas.

6. State Oversight:

The State of Nebraska provides oversight of the performance and use of funds by local PATH-supported providers in a number of ways. The Regions with whom the State contracts for PATH services, by state statute, provide direct oversight of the local PATH-supported providers. This occurs through on-site visits, quarterly reports of activities, financial audits, and contract compliance provisions. Contracts with the regions require them to provide random site-visits.

State level activities include reviews of quarterly activity reports and monthly billing documents, technical assistance, and contract compliance provisions vis-à-vis the Regions. Site visits may occur on a random basis. The State reviews required monthly and quarterly activity reports in addition to monthly billing documents. An annual meeting of all PATH providers has been conducted since 2001. Current PATH providers are also enrolled in the public mental health and substance abuse network provider system and thus must meet system and network management enrollment criteria.

7. Source of Matching Funds:

Matching non-federal funds are allocated by the local providers, primarily through in-kind support from the agencies.

County funds are the match source for CenterPointe and Community Mental Health Center of Lincoln/Lancaster County. Goodwill’s match funds are from community donations. Community Alliance has designated state contract funds and county tax funds as the match source. (See budgets in Intended Use Plan Section and match funds assurances.)

8. Opportunity for Public Comment:

As this year’s allocation formula was submitted to the Office of Mental Health, Substance Abuse and Addiction Services Network Management Team (composed of the Regional Program Administrators for the six quasi-governmental behavioral health regions, and of Office management personnel) at the February 2003 meeting. The numbers of individuals served with the existing funds, along with the state’s decision to reserve 4% for administration as allowed by the grant restrictions was reviewed and discussed. It was the decision of that body that the funds allocated to Region 2 Human Services would be discontinued and those funds would serve to cover the majority of the \$12,000 in 4%

administrative funds. An additional \$667 will be held back from Region 6 (Omaha) out of its previous \$201,000 allocation.

It should be noted that the Regions are charged by statute to serve as the local body for funding decisions, with review by advisory councils made up of the consumers, providers, and the public, and approval from the governing boards made up of elected county officials.

In order to provide for a more public forum for next year's grant, the following Plan for Public input will be proposed to the Network Management Team in summer of 2003:

- The current plan will be posted on the internet effective October 2003 for public comment on future funding allocation. Consumer groups, providers, and the legislature will receive special invitations to go to the web site, review the document and provide comment.
- The current plan will be submitted to the Mental Health Planning and Evaluation Council at its winter quarter meeting with a request for public comment. The MHPEC is a public meeting and a time for public comment is included on each agenda.
- Feedback from the above items will be gathered and consolidated into a report by the PATH state coordinator and submitted to the Network Management Team in January with recommendations on any changes in the current allocation
- Any additional funds that are identified in be distributed through the regions using competitive bid for expansion beyond 50% of the new funds and for new programs. Unless, however, the public comment clearly indicates otherwise, the first 50% of any new funds will be used to address already financial strapped PATH services, which have not received an increase since the inception of the PATH program in Nebraska..

PATH clients to be served –

PROVIDERS	FY2002 (Enrolled) ANNUAL REPORT	FY 2003/04 PROJECTION	NOTES
Region V: CMHC-LC	87	124	Anticipate 10% increase
Region V: CenterPointe	26	30	
Region VI: Salvation Army	30	30	
Region VI Community Alliance	163	250	
Region III: Cirrus House	21	15	
Region II	21	0	Will no longer be participating
Central Nebraska Goodwill	72	75	
TOTAL	420	524	

Section C

LOCAL PROVIDER INFORMATION – Intended Use Plan

REGION 5 BEHAVIORAL HEALTH ADMINISTRATION (LINCOLN)

Region V Behavioral Health Administration (a public, county governmental entity) is the administrative/program coordinating entity for the FY 02 PATH Grant program in Region V (Lincoln). The Office of Mental Health, Substance Abuse and Addiction Services will contract with Region V, which will subcontract with the Community Mental Health Center of Lancaster County (CMHCLC) for the provision of PATH services to homeless mentally ill persons; and CenterPointe, Inc. for the provision of PATH services to persons suffering from co-occurring serious mental illness and substance abuse. The programs, services, and activities to be provided follow:

Community Mental Health Center of Lancaster County **Intended Use Plan**

1. Organization name, type, and region served

Community Mental Health Center of Lancaster County
2200 St Mary's Avenue
Lincoln, NE 68502
Phone: 402.441.7940 Fax: 402.441.8625
Contact Person: Kim Etherton Email: ketherto@ci.lincoln.ne.us

The Community Mental Health Center of Lancaster County (CMHCLC) is a County governmental agency funded through a combination of local, State, and Federal monies.

2. Federal PATH Funds Received: \$32,500 in federal PATH funds. (Budget is attached.)

3. Plan to provide coordinated and comprehensive services to eligible PATH clients:

- a. **Projected number to be served in FY 2003:** We anticipate an increase of at least 10% (**124 persons**) as a result of the addition of a laptop computer, which will enable staff to increase time in the community providing direct service.
- b. **Specific services to be provided:**
 - Outreach: Via staff at locations where homeless people congregate
 - Screening & Diagnostic Treatment: Transportation to medical / psychiatric appointments is arranged or psychiatrist visits places where homeless congregate (i.e. Day Watch)
 - Community Mental Health: Linkages to ongoing treatment and Community support services are made for consumers requiring such service
 - Staff training: The Staff at CMHCLC and other agencies are sensitive about the special needs of the homeless who have mental health issues.
 - Case management: Case management services are provided as needed to increase the functioning level and integration of homeless persons with mental health problems in the community.
 - Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services: Linkages with entities providing such service are cultivated and used to meet the needs of persons served by the PATH funded direct services.

c. Existing programs providing services to PATH eligible clients and gaps in the current service system:

- | | | |
|--|--------------------------------------|-------------------------|
| •Department of Health & Human Services – G.A.; A.P.S.; A.A.B.D | | |
| •People’s City Mission | •Day Watch | •Lincoln Action Program |
| •Salvation Army | •First Step | •Fresh Start |
| •Cornhusker Place Detox | •Lincoln Housing Authority | |
| •The Gathering Place | •Friendship Home | |
| •Matt Talbot Kitchen | •City – County Health Department | |
| •BryanLGH Medical Center | •Lincoln Information for the Elderly | |
| •County Corrections | •Lincoln Police Department | |
| •Touchstone | •Wolf House | |
| •Catholic Social Services | •Lutheran Family Services | |

d. Changes in Path-supported local providers or types of services offered:

No known changes at this time.

e. Strategies for improving services to clients with co-occurring mental illness and substance use disorders.

The two PATH funded agencies in Region V, CMHCLC and Center Pointe Inc., provide a cooperative effort in serving the dual diagnosis client. Combining the expertise of these agencies as well as using consulting psychiatrists provides the best range of coverage for these difficult issues.

f. Strategies for making suitable housing available to PATH clients

No PATH funding is used at this site for housing services. Housing is made available through community resources such as the Lincoln Housing Authority, HUD, and private resources for supported and assisted living.

4. Coordination with local providers and HUD Continuum of Care programs:

Service is coordinated through direct service provisions at many of the sites identified in 3c of this document. CMHCLC also participates in community wide planning efforts that address the behavioral health needs of the populations targeted by the PATH funds (CSIP Public Policy Planning Initiative, Community Access Program through the Health Department, Lancaster County’s Health People 2010 planning, Homeless Coalition, City’s continuum of care program, Blue Print Project, etc.). Direct care is coordinated via the working relationship established between the staff funded by PATH and the agencies listed above and existing working groups such as the HUD Homeless meeting, monthly Emergency Services Coordination Committee, and others. PATH staff have approximately a 60% attendance rate at the Continuum of Care monthly meetings. PATH staff participate in the funding allocation discussions, which contribute to progress toward policy making and fund distribution decisions.

Housing is made available through community resources such as the Lincoln Housing Authority, HUD, and private resources for supported and assisted living.

5. Sensitivity/cultural competency: CMHCLC consumer tracking system identified populations served during FY 02-03 as follows: GENDER= 23% female, 77% male, AGE= 34% (18-34), 50% (35-64), and 16% Age Unknown, RACE = 7% African American, .02% Asian, 81 % Caucasian, 1% Native American, 7 % race unknown. CMHCLC provides ongoing in-service education to all staff

regarding the individual differences of age, gender, gender identification, race and ethnicity. Staff persons are also trained in how to effectively use interpreters. There is one FTE funded by this project who is Caucasian. A conversation group through Lincoln Literacy is now facilitated by PATH staff with non-English speaking persons targeted for inclusion. This is a non-threatening way to engage persons from other cultures who require assistance requesting appropriate services in an area of the country where English is the primary and only language spoken by most providers. PATH staff attended a cultural competency training in May 5, 2001 presented by Jean Krejci, Ph.D., and are scheduled to attend cultural competency training on May 14, 2003 presented by Leon Caldwell, Ph.D.

- 6. Describe how homeless consumers and their family members will be involved at the organizational level in planning, implementation, and evaluation of the PATH-funded services:** An open family support group is facilitated at CMHCLC each week. Family members are encouraged to attend at no cost. This group is not attended by the client rather it is designed to address the needs of family members. It is generally reported that this support group generates referrals from family members who are already in attendance of the group, to the PATH Program, rather than PATH clients referring family members to this support group. PATH staff are members of the Homeless Coalition Advisory Committee. This committee also includes members of the CAPC (Consumer Advisory Planning Commission). Consumers are involved by their participation in making recommendations and providing direction to the coalition. Consumers in the CMHC PATH program are encouraged to participate in the formulation of their own goals and service plan as much as possible. Involvement of the family in service planning is encouraged, but depends upon the client's willingness to involve others. Consumers are randomly surveyed along with referral sources to determine level of satisfaction with services. The PATH Program participates in the State's annual consumer satisfaction survey. Feedback related to service provisions is reported to each agency and program. This information is used to improve service delivery.

CenterPointe, Inc Intended Use Plan

1. **Organization: CenterPointe, Inc.** (A private non-profit organization)
1000 South 13th Street, Lincoln, NE 68508
(402) 475-5161 (402) 475-3300 fax
E-mail address: info@centerpointe.org
Contact Person: Dennis Hoffman - PATH Program Director

The primary service area is Lincoln and Lancaster County, Nebraska.

2. **Amount of Federal PATH funds to be received:** \$32,500. See attached Budget

3. **PATH Plan:**

- a. **Estimated Number of Clients to be served: 30**

- b. **Services to be Provided:**

- Screening and diagnostic treatment: each client enrolled in PATH services receives an intake evaluation that identifies their treatment needs as well as a psychiatric assessment that is completed by the agencies psychiatric consultant.
- Community mental health: CenterPointe is licensed as a mental health treatment agency and provides an array of treatment services to PATH consumers who have co-occurring mental health and substance abuse disorders.
- Alcohol or drug treatment: CenterPointe is licensed as a substance abuse treatment agency and provides an array of treatment services for PATH consumers who have co-occurring mental health and substance abuse disorders.
- Case management services: The PATH grant will primarily fund a 1.0 FTE Clinical Specialist (Case Manager) position to provide intensive case management services. Case management services are provided in a variety of locations, including the clients' homes, shelters, the street, soup kitchens, program staff offices, and elsewhere as circumstances require. Case management services will include assisting program participants to obtain and coordinate services based on their individual needs. This can consist of but is not limited to accessing services for their mental health disorders, substance abuse disorders, physical health needs, daily living needs, personal financial planning, transportation, rehabilitation services, prevocational and vocational services, housing services and acquisition of support services such as housing assistance, food stamps, and Supplemental Security Income benefits.

- c. A variety of programs provide services and housing to PATH-eligible clients. CenterPointe offers residential treatment, day rehabilitation, outpatient counseling, psychiatric care and medication management, community support services, crisis assistance and scattered-site housing. Other agencies provide a variety of services, i.e., Lancaster County Community Mental Health Center provides mental health services, People's City Mission and Friendship Home provide emergency shelter, Day Watch, Matt Talbot's Kitchen and the Gathering Place provide meals and social drop-in centers, Lincoln Action Program, the Good Neighbor Center and Catholic Social Services provide food and other basic needs assistance. Various community culture centers provide cultural support systems, and Lincoln Housing Authority provides housing.

The current gaps in services in the community include: a lack of facility-based accommodations for homeless individuals, especially for special-needs populations like dually disordered homeless individuals, women and youth; a lack of adequate and affordable transitional and permanent housing in general; a lack of staff in emergency shelters with the ability to manage mentally ill

and or substance abusing clients; a lack of treatment services for dually disordered individuals; a lack of public transportation; and a lack of outreach and case management resources.

In 2002 the City of Lincoln Urban Development Department with assistance from the members of the City's Continuum of Care Planning and Evaluation Committee identified transitional housing, permanent supportive housing, and substance abuse/dual disorder treatment as gaps in the continuum that are critically under-served by existing programs.

The 1999 Lincoln/Lancaster County Human Service Needs Assessment completed by Hanna/Keelan Associates listed the need for transitional housing as the #1 priority in the community. The needs for supportive case management services, behavioral health services, and basic needs (health, safety, food, and shelter) were also in the top nine needs.

Also, in a 2001 report to the Lincoln City Council, the Human Services Administration of Lincoln-Lancaster County reported an overall lack of services as the issues of homelessness have increased in proportion to the changes in our population

d. Changes in PATH-supported local providers or types of services:

At the time of this report there are no known changes to PATH or other services offered to PATH eligible clients. However, the State of Nebraska is undergoing severe budget cuts this year that could effect behavioral health services in the future.

e. Strategies for providing services to clients with co-occurring mental illness and substance use disorders:

As in many communities, Lincoln has found that dually diagnosed individuals are over represented in the homeless population. Because of this, CenterPointe has participated in this project specifically to provide services that meet the needs of homeless persons with co-occurring serious mental illness and substance abuse disorders. Our eligibility criteria include a serious mental illness diagnosis as well as a substance dependence diagnosis. Both disorders are considered primary and staff is trained to treat the disorders in a simultaneous and integrated fashion using a bio-psychosocial model of care. CenterPointe has been the region's only dual disorder program for over 15 years and has been recognized throughout the state and nationally as a leader in the treatment of dual disorders.

Upon entry into the program each consumer's mental health and substance abuse needs are assessed by the agency's psychologist or by a dually credentialed staff member (CADAC/LMHP). Participants also received a psychiatric evaluation completed by the agency's consulting psychiatrist to determine if medication management is necessary. Along with the consumer, the program's case manager then develops an individualized treatment plan that addresses the issues that lead the consumer to homelessness. Treatment plans typically include housing/shelter needs, living skills, vocational/educational needs, entitlement acquisition, and mental health and substance abuse treatment. In addition to case management services, PATH participants are also eligible to receive other non-PATH supported services at CenterPointe, including nursing, day rehabilitation, outpatient counseling, psychiatric consultation/medication management, and therapeutic and educational groups. These services coupled with intensive case management have resulting in a very effective approach to working with homeless, dually disordered individuals.

f. Suitable housing services for PATH eligible clients:

PATH- eligible participants work with the program's case managers to identify and secure appropriate housing. The resources available to participants are located in Lincoln, NE and

typically include, but are not limited to, participation in the programs described below. CenterPointe's Glide program provides 22 one-bedroom scattered-site supportive housing apartments. The Glide program provides intensive case management in the participant's apartment to address the issues that lead them to homelessness including independent living skills training, budgeting and substance abuse/mental health treatment. The Lincoln Housing Authority dedicates 65 Section 8 Vouchers to the HUD Homeless Committee. The Committee is comprised of agencies in the Lincoln area that provide case management services to homeless individuals and families. If a consumer elects to participate in the program his/her case to the Committee for approval of a Section 8 Voucher with the understanding that he/she must participate in case management services for at least one year. The goal of the program is to house homeless individuals and families and to break the cycle of homelessness. Other transitional housing programs in Lincoln include CenterPointe's dual diagnosis residential treatment program and St. Monica's residential treatment program for women. Both programs are an option for PATH-eligible participants who are in need of long-term intensive treatment programs to address their mental health and substance abuse dependence problems. PATH eligible participants can also apply for a regular Section 8 Voucher through the Lincoln Housing Authority. Lincoln has a variety of housing options for clients that are homeless, however the capacity available in these programs is much lower than the demand. This has resulted in waiting lists of several months for virtually all the housing assistance programs. Case management support is crucial to keeping consumers engaged in services while waiting for housing assistance as well as guiding them through the application process. Participation in case management services is also an expectation of eligibility for many of the housing programs available.

4. **Coordination of services:** Most of the coordination between community services occurs through efforts of the case management and outreach staff assigned to CenterPointe and Lancaster County Community Mental Health Center. CenterPointe collaborates with Lancaster County Mental Health by providing intensive long-term case management to PATH consumers while Lancaster County Community Mental Health provides street outreach services to potential PATH consumers. Monthly meetings of the community's Homeless Coalition augment this coordination as well.

CenterPointe's PATH Program Director is also the current Chair of the Lincoln Continuum of Care Planning and Evaluation Committee. The Continuum of Care Committee ensures the coordination of efforts on PATH and other HUD funded initiatives. The Continuum of Care is also responsible for evaluating homeless services and is in the process of implementing a homeless information tracking system. The Continuum of Care meets monthly.

During the last year the Lincoln Continuum of Care secured approximately 1.5 million dollars in renewal funds for transitional housing programs for homeless adults and youth through HUD's Super NOFA. The committee spent a great deal of time working with the University of Nebraska to implement a Homeless Management Information System in order to meet HUD's deadline of 2004. To date, \$16,000 has been secured for the System. Other activities included an awareness campaign highlighting the Continuum's Point in Time Count numbers that identified 1,812 homeless individuals living in Lincoln. The Point in Time Count occurs twice a year and includes a count of individuals and families residing in transitional housing, emergency shelter, soup kitchens and a street count. Street outreach workers, the Lincoln Police Department and the University of NE police conduct the street count. The awareness campaign featured a series of 4 articles in the Lincoln Journal Star, news coverage on local television and radio station interviews with Continuum committee members.

5. **How will proposed staffing provide services that are sensitive to age, gender, racial/ethnic**

characteristics of the target population? CenterPointe currently devotes 1.0 FTE to PATH clients, which is actually comprised of 8 different individuals so that we can offer age, gender, and racial/ethnic sensitive staff/client matching. Current staff includes males and females, a range of ages. The staff is 65% under the age of 35, 73% Caucasian, and 73% female.

CenterPointe provides staff training's on cultural competency issues at least annually. In addition, staff is allotted Professional Development leave and money to attend classes and conferences in the community.

Cultural Competence Training provide in the past year is as follows:

1. Two agency staff training's -3 hours (all PATH staff)
2. Program staff meetings focusing on the topic - 1 hour (all PATH staff)
3. Individual professional development paid for by CenterPointe- 6 hours (I Path staff member)
4. Region V sponsored training/planning session – 7 hours (I PATH staff member)

- 6. Consumers and family members involvement in the planning, implementation and evaluation of PATH services:** Consumers and family members are involved in a number of ways. Twice a year, consumers are offered opportunities to provide feedback using a satisfaction questionnaire. Suggestion boxes were added this year to each location/facility so clients can provide written suggestions at anytime. CenterPointe also sponsors focus groups for consumers to provide input and feedback regarding the programs in which they are involved. Participants are paid for their time and are provided pizza and pop during the group. The agency's Board of Directors has one consumer represented on the board. Finally, CenterPointe staff was instrumental in developing the Consumer Advisory Panel (CAP) in Lincoln. CAP members are homeless or formerly homeless individuals that provide feedback and suggestions on the needs of the homeless to the Lincoln Lancaster Homeless Coalition and to the Lincoln Continuum of Care and Evaluation Committee. There are no specific requirements other than a history of homelessness to participate on CAP

Due to the small number of PATH consumers served through CenterPointe's case management services (15 at any point in time) it has been more feasible for the agency to solicit their input along with Community Support consumers. The majority of Community Support clients are either homeless as well or have been formerly homeless because of this we feel that the needs of the homeless are adequately represented. We would be open to feedback or technical assistance on ways to improve in this area.

REGION 6 BEHAVIORAL HEALTH ADMINISTRATION

Region VI Mental Health (a public, county governmental entity) is the program coordinating entity for the FY 01 PATH Grant program in Region VI (Omaha). The Division of Mental Health, Substance Abuse and Addiction Services will contract with Region VI, who will subcontract with local service provider(s) for the provision of PATH services. The PATH programs, services, and activities to be provided follow:

Community Alliance PATH INTENDED USE PLAN

1. Name of Local Organization:

Community Alliance Rehabilitation Services
4001 Leavenworth Street, Omaha, NE 68105

Phone: 402-341-5128

Fax: 402-341-0280

Contact: Carole Boye, Executive Director

Email: cboye@commall.org

Type of Organization: Private, Nonprofit Agency

Region Served: Douglas County and the metro Omaha, Nebraska area.

2. PATH Funds To Be Received: \$147,700

3. Services to be Provided with Federal PATH Funds:

The services directly provided by Community Alliance, funded in whole or in part with PATH funds, are intended to provide a highly flexible, very individualized approach to meeting the needs of persons with serious mental illness or who have co-occurring substance abuse disorders; and are homeless or at imminent risk of becoming homeless. The design of the program is intended to offer increasingly higher levels of service through the establishment of a helping relationship that builds incrementally through the meeting of identified consumer needs and experiencing small successes over time. This is consistent with models found to be effective throughout the literature. Such a model attempts to avoid excessive paper work that can be perceived as a barrier, or worse, a threat to the individual we are seeking to engage, while still meeting professional and regulatory standards. Our efforts to achieve such a balance is reflected in the following description of services.

a. Projected Number of Clients to Be Served: It is projected that the program will serve 360 individuals who are homeless and mentally ill through outreach services and **250** will be enrolled in the services.

b. Specific Services To Be Provided: The specific services to be provided include assertive outreach, case management, including referral and linkage to other behavioral health services and psychiatric screening, diagnostic and short-term treatment services.

- Assertive Outreach – Outreach services are intended to engage homeless individuals who have a serious mental illness and may benefit from the services that can be offered through this program. This is accomplished by going where the homeless are, rather than waiting for them to come to us. Initial contact is made through frequent visits to area shelters, formal and informal referrals from shelters, downtown businesses, and area hospitals and social service agencies, and self-referrals coming from word of mouth about the program. In most cases, the first several contacts are for the purpose of building initial trust, responding to immediate needs (e.g. food, shelter, clothing), and gathering information, followed by offering direct assistance in accessing services related to specific needs. These services are deliberately maintained on an informal level until it is determined that an

individual is willing to accept ongoing assistance and more formalized intervention can effectively occur. This is a partially PATH funded service.

- Case Management, Including Referral & Linkage to Other Mental Health Habilitation/Rehabilitation Services – Case management within this program is defined by Community Alliance as a goal oriented, systematic process that serves persons through individual advocacy, ongoing coordination, and linkage among both internal and external resources. Throughout, we utilize an active, direct, “hands on” role in identifying, advocating, accessing, and maintaining both formal and informal community resources available and needed by the persons served within this program. Case management is deliberately designed and intended as a continuation of the outreach process, with the focus on the longer range needs of the consumer to achieve mental health and residential stability. Interventions are determined by consumer need. Case management services include referrals for primary health services, pre-vocational and vocational services, educational services, housing services, mental health treatment and rehabilitation services, substance abuse services, and transportation to needed services as dictated by the needs of the individual. Such referrals are also addressed on an incremental, prioritized basis. This is a partially PATH funded service.
- Contracted Psychiatric Screening, Diagnostic & Short-Term Treatment Services – Community Alliance contracts with one or more independent psychiatrists and/or psychiatric residents to provide psychiatric screening, assessment, diagnostic, short-term treatment, and medication management for PATH program participants. The physicians medically assess each individual’s current mental health symptoms and behavior and, if screening indicates the presence of a serious mental illness, will provide a diagnosis and seek to initiate outpatient treatment. In most cases, medications will also be prescribed. Treatment services, inclusive of medication management, is continued through active and comprehensive coordination between consumer, physician, and outreach/case management staff until referral and admission to an area mental health center can be achieved. Homeless outreach/case management staff identify and coordinate scheduling and transportation of all individuals receiving these services. The psychiatric service site is provided at Siena-Francis House, a homeless shelter well known to individuals in the downtown area that provides space for the physician’s use and for medication storage and safekeeping. This is a partially PATH funded service, as is the purchase of some of the prescription medications prescribed by the psychiatrist(s) serving this program. We utilize PATH funds in this manner to speed the initiation of needed mental health treatment while seeking to acquire other sources of payment for needed medications, such as Medicaid or the State’s LB95 program. Sample medications are also utilized to the maximum extent possible.

c. Major Existing Programs Providing Services to PATH Eligible Clients and Gaps in the

Current Service System: A number of existing programs/resources can be identified that can be accessed in providing services to PATH eligible clients.

Mental Health Resources: Douglas County Health Center, Family Service, Alegent Health at the Immanuel campus, Lutheran Family Services, Veterans Center, VA Medical Center

Medical/Health Related Resources: Charles Drew Health Clinic, Douglas County Primary Health Care, Hope Medical Outreach Coalition, Nebraska Aids Project, Sona Clinic, St. Joseph Hospital, University of Nebraska Medical Center, Visiting Nurses Association

Housing Resources: Stephen Center, St. Vincent Shelter, Siena-Francis House, Campus for Hope, Open Door Mission, Oxford House, Douglas County Housing Authority, Omaha Housing Authority, Salvation Army, Omaha Supported Living, New Creations, Community Alliance, Private Landlords

There remain serious gaps in services within our community for persons who were homeless and mentally ill. Access to ongoing mental health treatment, medications, and rehabilitation services remain among the most prevalent. The availability of a range of affordable and supportive housing services also remains inadequate within our community. In our view, these gaps fundamentally remain an issue of insufficient resources. Significant progress has been made in identifying and reaching out to those with mental illness among Omaha's homeless, and coordination of available resources has improved through the Continuum of Care effort. The lack of availability of affordable housing options, particularly those which are linked with the supportive services so often required by those with mental illness, has reached critical levels in our community and is a gap which must be addressed. We also continue to see high percentages of co-occurring mental illness and substance abuse among this population, and have yet to see this challenge fully met in a systematic and effective manner.

d. Changes in PATH-Supported Local Providers or Types of Services Offered: This past year, the Omaha metro area experienced several changes in the local provider network. These services are not funded by PATH, however some had been available to PATH eligible clients prior to the changes. Douglas County Health Center ceased operations of its' psychiatric crisis services in October, 2002. Region 6 Behavioral Healthcare initiated the development and opened the Spring Center also in October, 2002. The Spring Center was designed to provide emergency assistance when inpatient hospitalization is not assessed as needed and phone assistance to the police and others needing to access an inpatient bed. The Richard Young Center, who provided inpatient care needed by Community Alliance homeless clients made the decision to close its doors in March, 2003 due to financial constraints.

e. Strategies for Providing Services to Clients with Co-occurring Mental Illnesses and Substance Use Disorders:

Program staff is cross-trained in basic screening and intervention skills in the area of substance disorders. Behavioral indicators, screening tools and self-reports are utilized to assess individuals for potential substance abuse problems, and to make referrals for specialized services as may be indicated. Assessment by staff members occur at the local shelters, including those facilities who are providing substance abuse services. A coordinated plan is put into place to address the co-occurring disorders. Guests of the shelter participate with the psychiatrist and case manager in medication management, symptom management, rehabilitation issues and transportation as they continue their participation in the shelter substance abuse programs. Additional referral sources have and continue to include detoxification services, outpatient treatment, and inpatient treatment. Both the outreach and case management component are utilized to help coordinate these services with other services being utilized by the homeless mentally ill individual. Staff members are actively involved in the mental health/substance abuse committee in the Omaha Area Continuum of Care.

f. Strategies for Making Suitable Housing Available to PATH clients: Outreach and case management staff utilizes a variety of community resources in their efforts to obtain suitable housing services for PATH eligible clients. The continued scarcity of affordable housing, and the high utilization of those resources which do exist require the use of both public and private facilities. Community Alliance continues its efforts to address the housing issue on both an individual client and a systems level. Each homeless outreach/case management staff person has, and must continue to have, expertise in identifying, accessing, and supporting the range of housing options available and needed by those served in this program. During team staffing regarding client care, housing issues are examined for each person. Staff members look at issues of mental health stability, substance abuse and other issues that caused the person to

become homeless. With that information, a level of care can be established that will meet the housing needs of the client and the staff member can then help search for appropriate housing.

All program staff continue to coordinate current information about what beds, rooms, apartments, and facilities have an opening, assist in making application on behalf of a consumer for subsidized housing, and to provide the individualized support and training a client may need to maintain a housing placement. Program staff often work with Douglas County General Assistance to secure rental assistance. We help individuals negotiate the application process to secure Section 8 rental assistance from the public housing authority, and negotiate with landlords to accept these housing vouchers. Landlords regularly fax information about openings in their units. Staff utilize specialized programs established for persons who are homeless such as with private providers and the Omaha Housing Authority. Supportive services, such as budgeting, bill paying, home maintenance, and other skills training is also provided by program staff when such is indicated to maintain one's housing. In addition to these efforts, Community Alliance staff attends various committees to keep abreast of housing availability and services offered.

Community Alliance has significantly expanded its supportive housing supply over the past several years and now offers 181 such housing units for persons with serious mental illness. These range from supervised group living to supported apartments. Federal housing dollars and private donations have helped to create such facilities and will continue to be solicited to address the critical housing needs. Last year, the State mental health authority sponsored an affordable housing forum on a statewide basis to begin discussions and hopefully adopt strategies to impact the need for additional affordable housing options for persons with serious mental illness.

As an outgrowth of the initial forum, a housing consultant has been retained to strategically focus efforts in individual communities to continue to focus on this issue locally and collaborate with the State in the development of a comprehensive plan for the Omaha area. Currently, a consumer and provider survey is being distributed to solicit input and feedback.

On a systems level, Community Alliance program staff regularly attend Omaha Area Continuum of Care for the Homeless meetings and participate in committees and projects of the OACCH. We are also active participants in the City's Consolidated Planning process which directs our community's affordable housing initiatives as a whole; work in collaboration with other individuals and organizations to further a comprehensive and coordinated approach to the housing needs of persons with disabilities; and actively seek out additional federal, state, and local resources to further expand housing options.

4. Coordination Between PATH Providers and the Omaha Area Continuum of Care:

The Omaha Area Continuum of Care for the Homeless is a centralized and comprehensive coordinating mechanism, providing information, resource collaboration, and systems coordination through regular meetings and networking on both an individual and organizational basis. Community Alliance staff attend Continuum meetings monthly and committee meetings in between. Community Alliance staff co-chairs the Mental Health committee, participates on the Quality Assurance committee, and co-chairs a program development committee for day shelter development for the Continuum. They also coordinate the Omaha monthly housing counts for the Continuum. Community Alliance coordinates services and housing on an individual consumer basis with organizations and resources involved in the Continuum as well as those who are not directly involved. For example, homeless outreach and case management staff coordinate with Charles Drew Health Clinic to process needed lab work and medical tests which may be ordered by its association with the Hope Medical Outreach Coalition. Psychiatric hospitalization might be arranged for an individual with Douglas County Health Center, with outreach and case management staff coordinating discharge planning and assuring that the consumer continues with needed medications

after discharge.

5. Staff Diversity and Cultural Competency:

Six full-time direct service and a full-time manager positions work within the homeless program, funded in part by PATH. This staff team has, and continues to reflect an age range of 29% between 25 & 34 and 56% between 45 and 54, compared to participant distribution of 34% who are under 34 and 42% between the ages of 35 and 44. Staff is males (33%) and females (67%) compared to participants, 47% of whom are males and 53% female. Diversity of racial and ethnic composition in staff is 14% minority compared to 29% of the participants. As described throughout this plan, the services provided by this program are highly individualized and modified to meet the immediate and longer-range needs of the person being served. This individualized approach, and ongoing commitment to establishing goals, objectives, approaches, and methodologies with the consumer includes an ongoing focus on issues related to race, ethnicity, gender, and other cultural sensitivity.

Staff is required to participate in at least one formal training session annually related to cultural diversity. Homeless staff members attend a mandatory annual cultural competency training class offered by Community Alliance. The training is 1.5 hours in length. In addition to this specific annual training, the manager has participated in the following over the past year: A five hour training at Campus of Hope on Cultural Competence/Client Driven Services and an eight hour training at Alegent Health entitled Journey Toward Cultural Competent Care. Information gathered has been shared with staff in the PATH program during regular staff meetings. Staff are provided both formal and informal training to assist in better recognizing cultural differences and to have the tools to intervene in culturally sensitive ways. Such training includes information regarding the value of diversity in the workplace and educates employees on how to respect that diversity and access it for the betterment of the organization and persons served.

6. Involvement of Consumers & Family Members In Planning, Implementation, and Evaluation of PATH-Funded Services:

PATH consumer involvement in the development, evaluation, and ongoing operations of the homeless services program is obtained by its integration within Community Alliance's consumer input mechanisms, including a quarterly Consumer Forum, which provides for regular consumer feedback, input, and opinions to administrative and managerial staff. PATH clients are specifically sought out and invited to participate in the forums and transported to the meetings if they agree to participate. Satisfaction surveys are disseminated to both current and discharged consumers of homeless services. Involvement is also encouraged on an individual basis, through discussions with program staff and an "open door" policy with the program manager and Community Alliance administrative staff. Consumer feedback is also received through the Continuum of Care process. Family members are involved through the participation in the individual rehabilitation planning process and periodic organization sponsored activities for consumers and family members.

Salvation Army Intended Use Plan

1. Organization name, type, and region served.

THE SALVATION ARMY Transitional Residential Program (TRP)
3612 Cuming Street
Omaha, NE 68131
Phone: 402-898-5999 Fax: 402-898-5851
Contact Person: Curt Vincentini
Email: curt_vincentini@usc.salvationarmy.org

TRP serves the Region VI area of Nebraska, which includes Douglas County and the entire Metropolitan Omaha Area.

2. PATH funds the organization will receive and budget for its use: \$53,000. (See budget) PATH funding represents approximately 15% of the TRP program funding but utilizes 20% of the available beds.

3. Plan to provide coordinated and comprehensive services to eligible PATH clients:

- a. **Projected number of clients to be served:** TRP projects serving 30 PATH eligible individuals during FY 2003

b. **Specific services to be provided:**

Supportive and Supervisory Services in a residential setting: TRP provides services in a residential setting to PATH clients who experience homelessness, mental health and dual diagnosis issues. Supportive and Supervisory Services in a residential setting include, but are not limited to: intake assessment, treatment plan development in conjunction with other mental health providers, educational groups, crisis management, advocacy, referrals, case management, lodging, meals, transportation, housing referrals, Region VI Service Coordination referral, life skills education, Substance Abuse Screening, 24 hour care with average length of stay around 30 days. All services are tracked and utilized in our outcome measures reported to Region VI Behavioral Health Administration.

c. **Major existing programs providing services to PATH eligible clients and gaps in the current service system:**

PATH clients have full accessibility to other Salvation Army programs offered in the same facility. These programs include: Community Assistance Services, 37th Street Readiness Program, Material Assistance, Senior Services, Renaissance Nursing Clinic, Scattered Site Housing, PACT (services for parents and their children) and Adult Rehabilitation Services. In addition to services within the Salvation Army, PATH clients utilize services in the community: Community Alliance (PATH provider), area shelters and area hospitals.

Gaps in the current system include affordable housing for those who are able to live independently and housing for those who require a higher level of care.

d. **Changes in PATH supported local providers or types of services offered:**

TRP has added a Life Skills Assessment, to be completed by each resident upon intake. In addition, the Life Skill Educator now meets with each client, one on one, at least twice weekly. This has allowed the staff to focus and personalize the assistance for each PATH client and the feedback from the clients has been overwhelmingly positive.

e. **Strategies for providing services to clients with co-occurring mental illness and substance abuse**

disorders:

Although there are some programs locally that may serve either the mentally ill, or substance abusers but not both, TRP understands that these two issues often are Co-occurring and many of our PATH clients are diagnosed with both disorders. After completing the substance abuse screening and Life Skills Assessment at intake, this information is combined with medical and mental health information attained by our psychiatric nurse to personalize a treatment plan to meet all of the needs of the client. In addition to providing educational groups, recreational therapy, domestic violence support groups, TRP also provides transportation to area support groups and mental health “Day Programs” (NA, AA, CA).

f. Strategies for making suitable housing available to PATH clients:

PATH clients work in conjunction with the Case Manager (who is available to meet with the clients five days a week) to address housing needs. Together, with the client’s treating physician and the client, a suitable level of care is determined and action steps then are formulated and implemented by the client and TRP staff. Although at times it might be difficult to locate suitable housing, TRP has relationships with the following providers to assist the PATH clients: Community Assistance Support Services, 37th Street Readiness Program, Omaha housing Authority, Family Housing Advisory Services (representative has weekly scheduled visits to TRP), New Creations Transitional Housing, General Assistance, Omaha Supportive Living, Golden Manor, and Community Alliance (PATH Provider).

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any similar programs and activities of the public and private entities.

TRP staff are members of the Continuum of Care and serve on committees for shelters, transitional housing, mental health, and substance abuse. By meeting frequently with staff from other programs we are able to better meet the needs of the clients in a timelier manner and in a way that best serves the individual. In addition, TRP routinely invites staff of other local providers to tour our facility and discuss methods to better serve this population.

Continuum meetings are held monthly and attended by the Salvation Army Program Coordinator and the Program Director. In addition, sub-committees meet monthly and are attended by the Program Coordinator and the Case Manager. The committees the staff serves on are: Mental Health, Substance Abuse, and Shelter committees. The Continuum has given its members technical assistance and training on strength based case management and on software utilized by Continuum members. In addition, the committees have examined how as a group they can work more effectively for the consumers served and work out logistical difficulties as consumers move through the care network.

5. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients, including to the extent to which staff are representative of the racial/ethnic diversity of the clients and receive periodic training in cultural competence.

The Salvation Army employs diversified individuals and does not discriminate due to age, race/ethnicity, or gender. Employees bring cultural, gender, and age differences to the Salvation Army, which in turn assists in providing services to the target population. The consumers and staff were closely matched in race last year, at 1/3 African American and 2/3 Caucasian. The staff is slightly younger and a greater percentage are female than the population served. Staff are 2/3 female compared to 1/2 of the PATH clients, and 45% of staff is under 35 compared to 30% of the PATH participants.

Cultural competence is not only a training for each employee but is intertwined throughout all of the trainings both during orientation and on an annual basis. Also, each treatment plan is customized to meet the needs of the client and driven by the client. In addition to the annual training each staff receives on cultural competence, the mandatory monthly (12 continuing education credits annually) training the staff receive each have a component that incorporates cultural competence to the subject of the training (i.e. mental

health, substance abuse, case management).

6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning implementation, and evaluation of PATH-funded services.

TRP directly involves the client (and their family when applicable) in treatment planning and implementation process. In addition, each client completes a discharge questionnaire. On a quarterly basis, the organization completes Customer Satisfaction Surveys.

The consumers participate in weekly menu planning, grocery shopping, and meal preparation and clean up, recreation planning, group planning, and evaluation during their stay at the program. The consumers will lead the program when appropriate. Participants complete an evaluation upon discharge.

CIRRUS HOUSE INC. / REGION 1
Intended Use Plan

The following information is provided to the State of Nebraska, Department of Health and Human Services, to represent the intention of Region I to apply for PATH funds to be included in the Nebraska FY 2003/2004 PATH application. Regional administration has identified Cirrus House, Inc. as the service provider with responsibility for carrying out the program.

1. Organization name, type, and region of service

CIRRUS HOUSE INC.
1509 FIRST AVENUE
SCOTTSBLUFF, NE 69361
(308) 635-1488
(308) 635-1271 fax
Contact: Marsha Estrada
cirrushouse@scottsbuff.net

Cirrus House Inc. is part of Region I, which covers an 11 county area in the panhandle of Nebraska. The 11 counties cover approximately 22,000 square miles. Population from the last Census is approximately 90,000 individuals.

2. PATH funds the organization will receive and budget: Cirrus House Inc. expects to receive \$11,333. (See attached budget).

3. Plan to provide coordinated and comprehensive services to eligible PATH clients.

- a. Cirrus House estimates that they will serve between 10 to 15 individuals during the fiscal year.
- b. The primary targeted services for PATH funds are **outreach, intensive case management, screening and referral to appropriate agencies**. To assure that the range of needs are addressed promptly in an effort to avoid relapse or homelessness, the project coordinator will be the primary staff responsible for the formation and coordination of case management plans and reviews, obtaining and coordinating needed services, obtaining income support, referrals (including coordination and follow-up). Once individuals are connected with other agencies or have become members of Cirrus House and are involved in day programming, community support, medication support and housing. They will be discharged from the PATH program. In an area with few service providers, it is customary to interact and coordinate services. Cirrus House attends the monthly Providers meetings sponsored through Region I. As a Licensed Mental Professional and Admissions Director I screen all initial referrals and determine eligibility. As Admissions Director I have frequent contacts with other providers in the area, assuring coordination and referral in a prompt and personal manner. Additionally, all rehabilitation staff are required to maintain contact with other resources and forward any referrals to Marcia L. Estrada the Project Coordinator.
- c. **Major Existing Programs and Gaps:** Region I has limited resources to serve the homeless and near homeless all agencies coordinate the use of those funds to maximize services to eligible individuals. Cirrus House does not provide payee services, but we assist individuals in locating a payee from one of the professional payee corporations if those services are needed or requested. When the case management plan calls for supportive or supervisory services in a residential setting, or referral for primary health services, job training, educational services and housing services, we have the capacity to find or provide for those needs.

The biggest problem we face with PATH-eligible clients is when the crisis first emerges. As a new individual coming to the attention of either the authorities or other service agencies, or as a known individual reporting an impending crisis, the first few weeks can be very time consuming for staff lacking a single homeless shelter. A variety of solutions must be devised; utilizing the agencies in the Region I service area to coordinate services and provide the best possible continuum of care for PATH eligible individuals to prevent failure of service plans. Maintaining services can become quite difficult with the extended time periods it takes Social Security to complete their eligibility process, the average waiting time for individuals who apply for SSDI or SSI can be a year or more. The maintenance of these services can be very time consuming for staff to prevent emergencies and coordinate case management services. Aside from the primary case management services, other gaps we encounter in Region I are:

Shelter for individuals after the available emergency funds are utilized, and before benefits become available. Region I has no homeless shelter and County emergency funds have a very limited access and significant restrictions.

Access to medications and health care. With the extended time periods from application to eligibility determination for SSDI/SSI make it difficult to maintain medications for individuals. The local health care clinic is able to help on a limited basis, Psychiatric medications are available again on a limited basis at the mental health center, but to maintain medications for 9 to 12 months while individuals wait for their Social Security is very difficult.

Transportation. Region I has no transportation system. Handi-bus is primarily for senior citizens or those determined to be disabled. Cirrus House Inc. provides transportation to individuals while on the PATH grant for necessary appointments and follow up care.

d. Changes in PATH supported local providers or types of services offered.

- e. Strategies for providing services to clients with co-occurring mental illness and substance abuse disorders:** The project coordinator is a licensed LMHP and Provisionally Licensed CADAC, which enables us to work, assess and treat those individuals dually diagnosed.

Emergency services and one night housing vouchers for indigent people are available through the Salvation Army (operated through the Police Department). Some local agencies and churches provide emergency food and soup kitchens. Examples of other services addressing the needs of indigent people are Health and Human Services offices, Panhandle Community Services, Cooperative Ministry. The county General Assistance funds are only available for individuals who have been a resident of the county for a minimum of one year this is a one-time assistance for either rent or medications. The biggest gap in available services is primarily with access to health care and medications for individuals with no insurance and housing for the long term while they wait for entitlements. With the length of time from application to approval for SSDI/SSI increasing it is difficult to maintain housing, medications seek medical treatment.

4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public or private entities.

Cirrus House has available 42 independent housing units, 12 bed assisted living and 5 respite emergency beds for short-term emergency shelter (90 days or less). We also work closely with several HUD supported agencies, in addition to the local Housing Authority for Section 8 and public housing. This allows us to place individuals in a variety of housing situations depending on the level of care required.

5. How will the proposed staff providing services to the target population be sensitive to age, gender, and racial/ethnic differences? Please indicate whether staff is representative of the racial/ethnic diversity of the clients and receive periodic training in cultural competency.

The policies and procedures of Cirrus House Inc. provides for a proactive approach to inclusion and sensitivity to differences. Our agency has been accredited by CARF, which includes targeted attention to these issues. Our work with the PATH program will conform to these standards of practice. Yearly training on cultural sensitivity is provided to all staff employed by Cirrus House Inc.

6. Describe how homeless consumers and their family members will be involved at the organizational level in the (a) planning, (b) implementation and (c) evaluation of PATH-funded services?

As an ICCD certified Clubhouse, and as a CARF accredited rehabilitation program, Cirrus House Inc. is committed to maximum inclusion of consumers in all aspects of the organization including the planning, implementation and evaluation of services. We have committee on Housing, Health and Safety and Quality Improvement/Outcomes Management that include consumers. These committees will include PATH in its oversight functions. In addition to the collateral service contact with family members, we maintain a close relationship with the local AMI group, and our Board of Directors, with ultimate responsibility for the programs of Cirrus House, includes two designated seats for family members referred by AMI. Cirrus House has a specific process for collecting evaluating outcome data in our services. The data collection methods we use include hospitalization rates, employment, housing, measures of symptoms and levels of functioning, as well as consumers satisfaction surveys. With the application of the PATH program, we will incorporate attention to the designated PATH clients in our exit surveys.

Goodwill Industries of Greater Nebraska, Inc.
Intended Use Plan

Goodwill Industries of Greater Nebraska, Inc., has participated in the Hall County Continuum of Care Planning Committee. The last survey identified that Hall County has a significant need to provide transitional and permanent housing for individuals with serious mental illness, and this committee is in support of Goodwill receiving the PATH grant to help meet the needs of this population.

1. Organization name, type, and region served.

Goodwill Industries of Greater Nebraska, Inc
1804 S. Eddy St.
Grand Island, Nebraska 68801
(308) 384- 6802
Fax: (308) 382-7896

Contact names are Becky Janulewicz whose e-mail address is bjanul@goodwillne.org and Ronda Wagner whose e-mail address is rwagner@goodwillne.org.

Goodwill Industries of Greater Nebraska, Inc., is a private nonprofit corporation providing rehabilitation, training, housing, and employment services for individuals who experience a disability or who are disadvantaged.

Goodwill Industries of Greater Nebraska, Inc. serves 12 counties for behavioral health services: Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Hall, Merrick, and Hamilton which is Region III. We will focus on Hall County, where there is the greatest need

2. Amount of PATH funds the organization will receive and detailed budget: \$11,333 from Federal PATH funds. Goodwill will have to match \$11,340. The budget direct care cost is \$21,801 and the administrative cost will be \$872. (See budget)

3. Plan to provide coordinated and comprehensive services to eligible PATH clients:

a. projected number of clients to be served in FY 2003

Based on current PATH programs, we anticipate **serving 75-100 individuals** within FY 2003 PATH funds. Additionally, we provide information and referral services to approximately 50-100 individuals.

b. specific services to be provided

Path funds are used by Goodwill to provide direct services to eligible at risk of being homeless/homeless individuals. A housing caseworker will contact existing homeless shelters, crisis centers to determine what funded or donated services are available within the community. A plan to secure and develop additional donated or non-fee for services will occur. Some services will be **funded through this PATH grant and Goodwill, such as outreach, rehabilitation services, case management, referrals for screening and diagnostic treatment of mental health and substance abuse services**, etc. Training will be done through educational presentations to sites where homeless individuals obtain service. Referrals for primary health services, job training, educational services and other relevant housing. Other services include:

- technical assistance in planning and applying for housing assistance
- improving the coordination of housing services
- security deposits: the costs associated with matching eligible homeless individuals with appropriate housing situations; and 1-time rental payments to prevent eviction

- ☞ assist in securing appropriate (based on their individuals needs) supervised or supported residential setting
- ☞ assist individual in obtaining safe, affordable permanent housing
- ☞ cost associated with matching eligible homeless individuals with appropriate housing situations
- ☞ minor renovation, expansion, and repair of housing

Individuals who are eligible for our Behavioral Health Community Support program will be referred for some of the above services and will not receive these services through this housing homeless project. Individuals involved in community support may receive intensive housing services from this project, because of the need for a short turn around time and the intensity in the acquiring and maintaining of appropriate housing. The level of intensity required for many of the individuals served is more than what community support can provide. The case management services will also include providing assistance to help the homeless individual obtain support services, including Section 8 rent assistance, food stamps, SSI, etc.

c. Major existing programs providing services to PATH eligible clients and gaps in the current service system

The agencies that report contact with homeless, mentally ill individuals are:

- ☞ Central Nebraska Community Services
- ☞ Crisis Center of Hall County
- ☞ Community Humanitarian Resources Center
- ☞ Salvation Army
- ☞ Hastings Regional Center
- ☞ Mid Plains Center for Behavioral Healthcare Services
- ☞ Health and Human Services

Goodwill Industries of Greater Nebraska, Inc., will accept referrals from the above identified agencies, as well as attend and coordinated with Hall County Continuum of Care and will accept self-referrals.

The need for decent, safe, affordable and appropriate housing for individuals with serious mental illness is at a critical level in Grand Island and surrounding communities. We encounter many instances where individuals are no longer able to live in their current situation because of their mental illness and have no appropriate place for relocation, which again makes them homeless or at risk of being homeless.

The need for transitional housing for individuals leaving a hospital is a critical component to successful community living and is a significant gap in our community. Agencies rely on Goodwill Industries to accept individuals who experience a mental illness or co-occurring substance abuse because they are not equipped to deal with the complexities of the person's needs.

The Crisis Center in Grand Island (CHRC) Homeless Shelter, Health and Human Services, and Central Nebraska Community Services have identified gaps in mental health housing services. These identified gaps include:

- ☞ Homeless individuals without medication and no income or benefits to purchase them.
- ☞ Lack of transportation, lack of resources to pay for car repairs, gas, oil etc.
- ☞ Access to information about resources available, such as food stamps, medication/Health care benefits.
- ☞ Access to safe, funded childcare.
- ☞ Access to affordable decent housing for individuals who can live independently.
- ☞ Quality supervised housing for those who cannot live independently.
- ☞ Resources for skill building training to help the individual become stable, employable, and self-

- sufficient
- ☞ Resources for short-term shelter for some individuals who do not meet the eligibility criteria of existing homeless shelters. Food and possible clothing also needs to be secured.
- ☞ Money available for first month's rent and deposit. Rental payments to prevent evictions
- ☞ Emergency psychiatric services for individuals who need short-term supervised 24-hour care but do not meet EPC criteria.
- ☞ Funding for alcohol and substance abuse treatment (in or out-patient) for those without SSI or medical benefits.

b. changes in PATH-supported local providers or types of services offered strategies for providing services to clients with co-occurring mental illnesses and substance use disorders

Many of the individuals we serve experience co-occurring serious mental illness and substance abuse disorders. Our program sponsors a double trouble support group and we have cooperative referral agreements with St. Francis Alcohol & Drug Treatment Center, AA/NA, the ACT Team, and Friendship House (a halfway house for substance abuse).

Goodwill will assist individuals in accessing treatment for their psychiatric and substance abuse problems from the following agencies:

- ☞ Friendship House/Milne De-tox
- ☞ AA/NA programs
- ☞ Mid Plains Center for Behavioral Healthcare Services
- ☞ St. Francis Drug and Alcohol Services
- ☞ Central Nebraska Council on Alcoholism
- ☞ Hastings Regional Center
- ☞ Central Nebraska Goodwill Industries Double-Trouble program
- ☞ Private and/or Public psychiatric services including therapy, counseling, and medication check

c. Strategies for making suitable housing available to PATH clients

Goodwill Industries of Greater Nebraska, Inc., has two HUD housing projects (16 units) specifically designed for individuals who experience a serious mental illness. Although the individuals need to be able to live independently, support is provided to them through our behavioral health staff. Additionally, Goodwill is looking at building a 16-unit independent living complex. This complex will be designated for individuals who are mentally ill and/or have co-occurring substance abuse issues.

We work with the individuals as much as possible within day rehabilitation, employment, and community support (mental health and substance abuse) services, but often their need for housing services is extensive and intensive and we need to spend a great deal more effort and energy in providing housing services for individuals with mental illness than is possible through either community support or day rehabilitation.

Goodwill has a strong working partnership with many agencies including providers. We will continue to develop these relationships to coordinate needed services to meet identified gaps.

Our focus will be the development of quality community-based residential/housing situations for use by PATH eligible individuals. We will network with agencies that refer those who are homeless or at risk of being homeless. This includes agencies such as Central Nebraska Community Services, Crisis Center, and the CHRC Homeless Shelter. In addition, many individuals have difficulty leaving the hospital because they have no place to go. We will work closely with the regional centers and

other hospitals to provide homeless individuals or at risk of being homeless services to find and locate appropriate housing and support.

Our PATH service will provide support assistance to the individuals served in linking them with appropriate specific services and provide support through transportation, notification of meetings, appointments, etc.

- 4. Describe coordination between the PATH local providers and the HUD Continuum of Care program as well as any other similar programs and activities of public and private entities.** Grand Island has no HUD continuum of care, however, the HUD providers attend the Hall County Continuum of care and we are current members

Currently, no agency outside Goodwill has trained, skilled staff to provide housing case management and housing services to persons with serious mental illness and co-occurring substance abuse. Many agencies report they are faced with responding to the needs of these individuals and have generally called Adult Protective Services (APS) or the police for assistance. APS and/or the police will not be able to assist if the individual is not a danger to self or others. Therefore, many individuals return to the street or are served minimally with limited success.

We will work with referral agencies to obtain suitable transitional housing and provide educational support to identified agencies while a homeless mentally ill person is there. We will provide case management services and work to obtain permanent housing as quickly as possible. Some of the additional case management services will include finding ways to make sure proper medications have been secured and the individual is taking their medications. This is a critical component of our service. Additionally, therapeutic intervention services (counseling, out-patient treatment, medication checks, etc.) need to be implemented to support the individual

- 5. Describe how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients, including the extent to which staff are representative of the racial/ethnic diversity of the clients and receive periodic training in cultural competence.**

Central Nebraska Goodwill Industries has a long history in welcoming and supporting employees and consumers whose diversity makes our agency and services truly integrated. We continually train staff regarding disabilities, diversity, ADA, acceptance of different values, etc. The training is provided through both external and internal sources and we utilize the offerings of Region III Behavioral Health for some of the diversity training.

Based on last year's demographic information, 96% of the individuals we served were Caucasian, 1% were African American and 3% were Hispanic. Our current case manager within our PATH grant is Caucasian. We additionally, do have a staff member who is Hispanic and bilingual and is able to interpret as needed for all of our behavioral health services including our PATH grant. The behavioral health services policy is to arrange for interpreters, as needed, to include purchasing the time of an individual who can interpret based on the language of the individual served, so that individuals will understand and be able to provide input into their team meetings and other required input ongoing.

- 6. Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.**

Goodwill uses a consumer-based team approach to services. The individual is always the core member of the team in the planning and implementation of services. The team also includes family members, guardians, and significant others. Other members of the team may include health providers and other human service services providers. After the initial assessment and setting of goals, team meetings will occur based on the individual=s needs. Our organization will collect data on PATH-funded services. This service will be tracked in terms of outcome data and we will evaluate and develop continuous quality improvement strategies for the improvement of PATH-funded services. We will comply with outcome data required by the Federal or State agency.